

# **SHED APPLICATION**

## Town of Brookfield

### Procedure for Obtaining a Building Permit

**\*\*PLEASE READ CAREFULLY\*\***

Failure to comply with these requirements will delay the review of your application.

The Permit Application documents must be completed in ink or typed. The following is a list of the documents and information that must be submitted in order to process your application. The Land Use Office staff will ensure that the materials are distributed to each of the Land Use departments for review.

#### **Shed Document Checklist**

- Tax Collector Sign-off
- Copy of Wetlands permit or Subdivision Wetlands permit if work is within 75' of a wetland or 100' of a body of water or 200' from the Still River, Candlewood Lake or Lake Lillinonah
- Completed Residential Application Preliminary Zoning Request
- Re-inspection fee acknowledgement
- Letter of Authorization from property owner
- Worker's Compensation affidavit
- Limitation of Appeals on Certificates of Zoning Compliance
- Water Pollution Control Authority Review Sheet
- Contractor's license and proof of insurance
- 2 copies of Site Plan with building setbacks and location of well and septic system clearly marked
- 2 Sets of Building Plans
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Building Permit fees, Certificate of Occupancy fee) .  
Note: If shed is 200 square feet or smaller, no septic plan review is required.

A schedule of building fees is available separately.

Building Permit # \_\_\_\_\_

Activity #: \_\_\_\_\_

**TOWN OF BROOKFIELD**  
**DEPARTMENT APPROVAL CHECKLIST**

Property UID# \_\_\_\_\_

Property Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Applicant: \_\_\_\_\_

Phone #: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Phone #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Developer's Lot # \_\_\_\_\_

*The applicant is responsible for obtaining all required signatures*

Department	Approved By:	Date	Comments/Stipulations
1. Tax Collector			
2. Historic District 775-2538			
3. Candlewood Shores 775-1172			
4. Public Works Dept.			
5. Inland Wetlands			
6. Zoning			
7. Health Department			
8. WPCA			
9. Fire Marshal			Read & Sign Review Sheet
10. Building Dept.			

**FINAL APPROVALS**

1. Historic District 775-2538			
2. Inland Wetlands			
3. Zoning Compliance Certificate			
4. Health Dept			
5. WPCA			
6. Fire Marshal Final Inspection			

**\*\* The Building Dept., will schedule a final inspection after receipt of this completed checklist and a request for a final inspection.**  
**\*\***

7. Building Dept.** Final Inspection			
---	--	--	--



## TOWN OF BROOKFIELD

Activity # \_\_\_\_\_

**SHED APPLICATION  
PRELIMINARY ZONING REQUEST**

APPLICATION DATE: \_\_\_\_\_

PROPERTY I.D. # \_\_\_\_\_

APPLICANT/AGENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

LANDOWNER OF RECORD:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**SITE DATA:**

Street Address: \_\_\_\_\_ Zone: \_\_\_\_\_

Has a variance been granted on this property? Yes [ ] No [ ]

Subdivision Name: \_\_\_\_\_ Conservation Subdivision? No [ ] Yes [ ]

Acres: \_\_\_\_\_ Lot Size: (Multiply acres by 43,560 sq. ft) = Square Feet: 

SHED DIMENSIONS:		Length	Width	Total sq. ft.	Height	Value

**COVERAGE:**INSTRUCTIONS

Item

Square Feet

House \_\_\_\_\_

Deck \_\_\_\_\_

Porch \_\_\_\_\_

Garage \_\_\_\_\_

Pool \_\_\_\_\_

Other \_\_\_\_\_

Proposed Shed \_\_\_\_\_

1. Enter actual **FIRST FLOOR** square footage **ONLY** from Site Plan drawings or Tax Assessor's Field Card.

If there is no change in footprint, note this in the space below and proceed to Proposed Setbacks

Total square footage: 

2. Total all of the above square footages.

**PERCENT LOT COVERAGE:** 

3. Divide Total Square Footage by Lot Size in square feet. Multiply the result by 100 to calculate Percent of Lot Coverage.

**PROPOSED SETBACKS:**

5. Enter setbacks from site plan below. 6. Indicate setbacks on site plan.

Center of Road	Rear Yard	Right Side Yard	Left Side Yard

I represent that this information is current, accurate and complete and that all the work has been completed in accordance with ordinances, regulations, building and health codes. I agree that any information that is determined to be false, or misleading will be subject to fines and penalties set by regulation, code or statute.

I certify that I am the designated agent for this project

Signature: \_\_\_\_\_

OR

Signature: \_\_\_\_\_

Applicant

Property Owner

## INSTRUCTIONS FOR ZONING APPLICATION

### I. FORM COMPLETION: In obtaining the required information, please be guided by the following:

- "Zoning District:" Refer to Zoning District Map or Assessor's Card  
"Subdivision Name:" Refer to Subdivision List at Land Use counters  
"Subdivision Lot #:" Same as above  
"Conservation Subdivision:" Same as above  
"Permitted Use:" Refer to Zoning Regulation Section 242-401 for residential uses  
or Section 242-501, Table I for commercial and industrial uses.  
"Acres:" Refer to Assessor's cards, Subdivision Maps, or Land Records (Town Clerk)  
"Setbacks:" (a) For **additions or renovations**, show the setbacks to  
the entire structure as completed **with** the additions/renovations.  
(b) For **new construction**, show setbacks for all structures.

### II. REQUIRED DOCUMENTATION: Check below which documents accompany this application.

#### Preexisting Lots:

- ☐ If the lot existed prior to a rezoning action, provide prior zone designation and prior approval date.  
☐ If lot existed prior to 6/15/60, the initiation of Zoning, attach a statement and justification that the lot is considered a "legal, preexisting lot."

#### New House Construction:

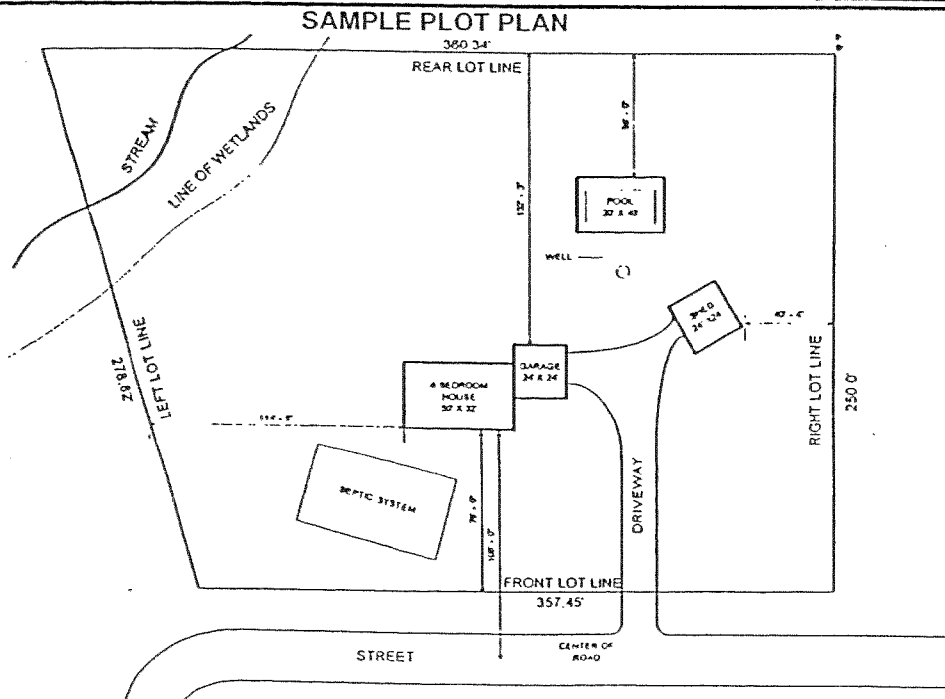
- ☐ A certified, surveyed **plot plan** showing the proposed and existing structures, all setbacks, property lines with dimensions, wetlands and watercourses, zoning district designations and lot area.  
☐ House plans including elevations to indicate **building height**.  
☐ Copy of **Subdivision map** and/or **Inland Wetlands approval**

#### Additions, Sheds, and Pools:

- ☐ A plot plan, **to scale**, minimum 8 1/2" x 11" sheet, including lot outline and dimensions, existing and proposed structure locations, all setbacks, building height, locations of: wells, septic systems and reserve areas.  
  
☐ *If structures are within 10% of minimum setbacks, an A-2 Survey is required*

### III. ACKNOWLEDGEMENT: I acknowledge herewith the requirement for the above checked data.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_



**Town of Brookfield  
Land Use Office  
100 Pocono Rd.  
Brookfield, CT 06804**

---

**ATTENTION PERMIT HOLDER**

**\*\*It is the responsibility of the permit holder or agent to call for inspections (minimum 24 hours in advance). The permit holder is responsible for all construction for that project. An oversight of code requirement(s) during plan review does not relieve you of your responsibility for compliance. During inspections, you may be required to make changes to insure that the current building & fire codes are satisfied.\*\***

- Per Chapter 127 of the Brookfield Code of Ordinances:

**Building Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to the issuance of a Certificate of Occupancy.

- Per Chapter 242 of the Brookfield Code of Ordinances:

**Site Stabilization Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to bond release.

***I acknowledge that per the Brookfield Code of Ordinances, I will be responsible for reinspection fees as outlined above. I also understand that it is my responsibility to call for inspections of the project.***

---

*Applicant/Agent signature*

---

*Date*

## Letter of Authorization

To the Town of Brookfield:

I hereby declare the following:

1) That I am the owner of the premises described as follows:

_____	_____	_____	_____
Street Address	City	State	Zone

2) That I, \_\_\_\_\_, as homeowner will act as general contractor.

**OR**

That \_\_\_\_\_ is duly authorized for and on behalf of the owner to execute an application for building permits to enable him/her to obtain permits to complete construction of the following work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) That \_\_\_\_\_ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

Date: \_\_\_\_\_

Owner: _____	_____
Print Name	Signature

## TO CONTRACTORS:

CT. General Statutes (effective January 1, 2005):

§20-338b Building permit applications. Who may sign.

Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. The letter shall not be a copy or facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include:

1. The name of the municipality where the work is to be performed;
2. The job name or a description of the job;
3. The starting date of the job;
4. The name of the licensed contractor;
5. The name of the licensed contractor's agent; and
6. The license numbers of all contractors to be involved in the work.



STATE OF CONNECTICUT  
WORKERS' COMPENSATION COMMISSION

**Building Permit Affidavit for Property Owners or Sole Proprietors**  
(Conn. Gen. Stat. § 31-286b)

Property located at \_\_\_\_\_

In the town of \_\_\_\_\_

Name of building permit applicant: \_\_\_\_\_

**Please check one:**

1. ☐ I am the owner of the above property.
2. ☐ I am the sole proprietor of a business.

2A. Name of business \_\_\_\_\_

2B. Federal Employer Identification Number (FEIN) \_\_\_\_\_

.....  
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

**Please check one:**

1. ☐ I do not intend to act as a general contractor or principal employer.  
[Sign and stop here]

\_\_\_\_\_  
Signature of applicant

2. ☐ I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....  
**Affidavit**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

\_\_\_\_\_  
Signature of applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public/ Commissioner of the Superior Court)

**HEALTH DEPARTMENT**  
**REQUIREMENTS**

In accordance with section 19-13-B100a of the Connecticut Public Health Code, Health Department approval is required for all Building Conversions/changes in use, Building Additions, Garages/Accessory Structures and Swimming Pools

In order to help expedite the Health Department approval, please read the enclosed regulations and include the necessary information with your Building application.

If you have any questions, please contact the Health Department at 775-7315.

Thank you.

# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## PUBLIC HEALTH CODE REGULATION

SECTION 1 - The Regulations of Connecticut Agencies are amended by adding Section 19-13-B100a. as follows:

Sec. 19-13-B100a.      Building Conversions/Changes in Use, Building Additions, Garages/  
Accessory Structures, Swimming Pools, Sewage Disposal Area  
Preservation.

(a) Definitions. As used in this section:

- (1) "Accessory structure" means a permanent non-habitable structure which is not served by a water supply and is used incidental to residential or non-residential buildings. Accessory structures include, but are not limited to, detached garages, open decks, tool and lawn equipment storage sheds, gazebos, and barns.
  - (2) "Building conversion" means the act of winterizing a seasonal use building into year round use by providing one or more of the following: (A) a positive heating supply to the converted area; or, (B) a potable water supply which is protected from freezing; or, (C) energy conservation in the form of insulation to protect from heat loss.
  - (3) "Change in use" means any structural, mechanical or physical change to a building which allows the occupancy to increase; or the activities within the building to expand or alter such that, when the building is fully utilized, the design flow or required effective leaching area will increase.
  - (4) "Code-complying area" means an area on a property where a subsurface sewage disposal system can be installed which meets all requirements of Section 19-13-B103 of the Regulations of Connecticut State Agencies, and the Technical Standards except for the one hundred percent reserve leaching area referred to in Section VIII A of the Technical Standards.
  - (5) "Design flow" means the anticipated daily discharge from a building as determined in accordance with Sections IV and VIII F of the Technical Standards.
  - (6) "Potential repair area" means an area on a property which could be utilized to repair or replace an existing or failed septic system and includes areas on the property where exceptions to Section 19-13-B103 of the Regulations of Connecticut State Agencies could be granted by the local director of health or the Commissioner of Public Health but does not include areas beyond those necessary for a system repair and areas of exposed ledgerrock.
  - (7) "Technical Standards" means those standards established by the Commissioner of Public Health in the most recent revision of the publication entitled "Technical Standards for Subsurface Sewage Disposal Systems" prepared pursuant to Section 19-13-B103d(d) of the Regulations of Connecticut State Agencies. These standards can be obtained from the Department of Public Health, 410 Capitol Avenue, MS #51SEW, P.O. Box 340308, Hartford, CT. 06134-0308, or by calling (860) 509-7296.
- (b) Building conversion, change in use. If public sewers are not available, no building or part thereof shall be altered so as to enable its continuous occupancy by performing any building conversion, nor shall there be a change in use unless the local director of health has determined that after the conversion or change in use, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. The determination by the local director of health of whether a code-

complying area exists on the property shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of the change in use for those properties whenever the proposed change in use results in a more than 50% increase in the design flow.

- (c) Building additions. If public sewers are not available, no addition to any building shall be permitted unless the local director of health has determined that after the building addition a code-complying area exists on the lot for the installation of a subsurface sewage disposal system. Once a code-complying area is identified, portions of the property outside this designated area may be utilized for further development of the property. This determination by the local director of health shall be based upon analysis of existing soil data to determine if a code-complying area exists. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the building addition shall be permitted, provided:
- (1) The size of the replacement system shown on design plans or sketch provides a minimum of 50% of the required effective leaching area per the Technical Standards.
  - (2) The replacement system shown on the plans or sketch provides a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards.
  - (3) The proposed design does not require an exception to Section 19-13-B103d(a)(3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells.
  - (4) The addition does not reduce the potential repair area, and
  - (5) The building addition does not increase the design flow of the building.

The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of building addition whenever the proposed addition results in a more than 50% increase in the design flow. The separation distance from an addition to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.

- (d) Attached or detached garages, accessory structures, below or above ground pools. If public sewers are not available, no attached garage, detached garage, accessory structure, below or above ground pool shall be permitted unless the local director of health has determined that after construction of the attached garage, detached garage, accessory structure, below or above ground pool, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the attached or detached garage, below or above ground pool, or accessory structure shall be permitted, provided the structure does not reduce the potential repair area. The separation distance from the attached or detached garage, below or above ground pool, or accessory structure to any

part of the existing sewage disposal system shall comply with Table I in Section II of the Technical Standards.

- (e) Sewage disposal area preservation. If public sewers are not available, no lot line shall be relocated or any other activity performed that affects soil characteristics or hydraulic conditions so as to reduce the potential repair area, unless the local director of health has determined that after the lot line relocation or disturbance of soils on the lot a code-complying area exists for the installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. In no case shall a relocated lot line violate Subsection (d) of Section 19-13-B103(d) of the Regulations of Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served.
- (f) Decision by Director of Health. Any final decision of the local director of health made in regard to this section shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19a-229 of the Connecticut General Statutes.

SECTION 2 - SECTION 19-13-B100 of The Regulations of Connecticut State Agencies is repealed.

#### STATEMENT OF PURPOSE

The regulations up-date and clarify existing requirements for maintaining subsurface sewage disposal areas on lots which are served by on-site subsurface sewage disposal systems. The purpose is to regulate building conversions; activities which would potentially increase the water usage discharged to a subsurface sewage disposal system; construction activities or lot line changes which would reduce the area available for sewage disposal purposes.

Effective August 3, 1998

## TOWN OF BROOKFIELD

### LIMITATION OF APPEALS ON CERTIFICATES OF ZONING COMPLIANCE

1. **Procedure:**

The following procedure is in accordance with changes to §8-3 of the CT General Statutes effective 10/1/03:

Should an applicant wish to *limit the time period of any appeal* by any aggrieved party to the granting of a Certificate of Zoning Compliance to thirty (30) days from the date of a legal notice of the granting of such a certificate, the applicant may elect, at his discretion and expense, to provide legal notice in a newspaper with substantial circulation in the municipality.

If such notice is **not** provided, an appeal could be filed by any aggrieved party at any time subsequent to the issuance of the certificate.

#### SAMPLE LEGAL NOTICE

##### LEGAL NOTICE

A Certificate of Zoning Compliance has been issued to me by the Town of Brookfield for land and buildings located at \_\_\_\_\_  
(street address)

to be used for the following purpose(s):

\_\_\_\_\_  
(state the "permitted use" and brief description of activity)

Any party aggrieved by this action may file an appeal with the Brookfield Zoning Board of Appeals pursuant to §8-7 of the CT. General Statutes.

Signed: \_\_\_\_\_, Certificate Holder.

2. **Applicant's Intent:**

☐

I do **NOT** intend to provide a legal notice

☐

I do intend to provide legal notice and will provide a copy of such notice to the Brookfield Land Use Office for filing within the application file.

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(date)



Effective 3/15/06

## §242-301C

Add as follows:

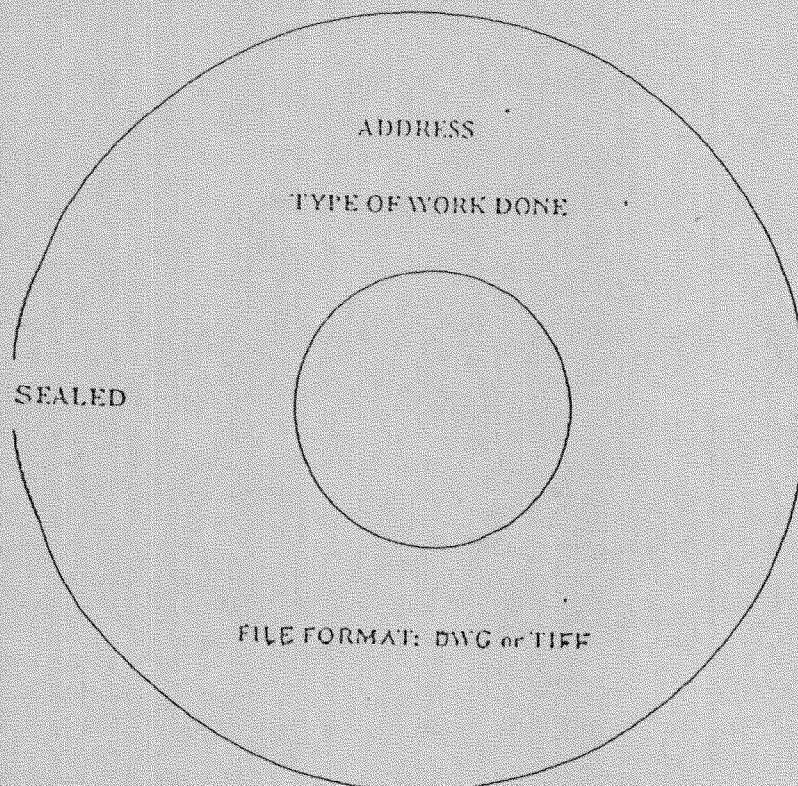
### Digital Map Submission

Prior to issuance of a final Certificate of Zoning Compliance, any "as-built" survey must be submitted in both paper & electronic format for all buildings constructed pursuant to a Design Review, Design Review Approval Modification involving building footprint changes, lot line changes, residential new construction or alterations with footprint changes within 10% of the minimum setbacks, and any activity permitted as a result of a variance granted by the Zoning Board of Appeals. The electronic format shall be for purposes of updating the Town's Geographic Information System (GIS) and shall meet the following criteria:

1. Drawings shall be on a compact disk (CD).
2. Electronics shall be in a format as prescribed by Town's GIS coordinator.

A certification letter stating that the electronic drawing is a copy of the survey map that was presented to the Zoning Enforcement Officer shall accompany electronic drawings. A land surveyor licensed by the State of Connecticut shall certify the letter.

ie:



**BROOKFIELD WATER POLLUTION CONTROL AUTHORITY**  
100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614

☐ CHANGE OF OCCUPANCY      ☐ TENANT FIT-UP      ☐ ADDITION/RENOVATION

IS PROPERTY CONNECTED TO SEWER?

☐ YES  
☐ NO (NO ACTION REQUIRED)  
☐ UNSURE (CHECK WITH W.P.C.A. OFFICE)

LOCATION OF PROPOSED BUSINESS/RENOVATION

\_\_\_\_\_ UNIT # \_\_\_\_\_

TYPE OF OPERATION:

☐ FOOD PREPARATION  
☐ FOOD SALES  
☐ HAIR CARE  
☐ PHOTOGRAPHY  
☐ VEHICLE REPAIR  
☐ HAZARDOUS CHEMICALS  
☐ MANUFACTURING  
☐ OTHER (PLEASE LIST) \_\_\_\_\_

ESTIMATED WATER USE PER DAY IN GALLONS \_\_\_\_\_

NUMBER OF EMPLOYEES, FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ TO \_\_\_\_\_ # OF DAYS PER WEEK \_\_\_\_\_

PREVIOUS TENANT OR BUSINESS \_\_\_\_\_

PRINTED NAME OF PROPERTY OWNER \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

W.P.C.A. SIGN OFF:      ☐ APPROVED      ☐ DENIED      ☐ OTHER

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

W.P.C.A. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_